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## BIB DATA SHEET

CONFIRMATION NO. 9104

<b>SERIAL NUMBER</b> 10/774,247	<b>FILING or 371(c) DATE</b> 02/06/2004 <b>RULE</b>	<b>CLASS</b> 073	<b>GROUP ART UNIT</b> 1797	<b>ATTORNEY DOCKET NO.</b> RDID 03026 US (WP21397)		
<b>APPLICANTS</b> Siegfried Noetzel, Wilhelmsfeld, GERMANY; Jean-Philippe Bogardi, Mannheim, GERMANY; Dieter Mangold, Maxdorf, GERMANY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 05 050.7 02/07/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/06/2004						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/MAUREEN WALLENHORST/</u> Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Brent A. Harris Roche Diagnostics Operations, Inc. 9115 Hague Road, Bldg. D Indianapolis, IN 46250 UNITED STATES						
<b>TITLE</b> Analytical test element and method for blood analyses						
<b>FILING FEE RECEIVED</b> 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		